Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 C9/6/2733 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 2) TYPE [(Column 1) OR **SMALL ENTITY NUMBER EXTRA FOR** NUMBER FILED FEE RATE RATE FEE 345.00 690.00 **BASIC FEE** OR **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= ~ >3 OR minus 3 = INDEPENDENT CLAIMS X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR * If the difference in column 1 is less than zero; enter "0" in column 2 1014 **TOTAL** OR TOTAL **OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY** OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER **PRESENT** TIONAL RATE TIONAL RATE **AMENDMENT PREVIOUSLY** AFTER **EXTRA** FEE **FEE** AMENDMENT PAID FOR Total Minus X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TÖTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER. **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR Minus Total X\$ 9= X\$18=OR = Minus Independent X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL **RATE** TIONAL RATE **PREVIOUSLY AMENDMENT AFTER EXTRA** PAID FOR FEE FEE **AMENDMENT** Minus Total X\$ 9= X\$18= OR Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL CLAIMS FOR COMMENT OF MUMBER EXTRA BASS TOTAL CHARGEABLE CLAIM: 35 minus 3 = 1	MALL ENTRE CARE ASIC PEE X\$ 9:: X42:	FEE 370 00	OR OR	OTHER SMALL RATE BASIC FEE	FEE 7000	
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CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) State	MALLE	NTITY	OR	OTHER SMALL		
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independent A 4 Minus Art 4 = X43	(42=			X84=		- 3
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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